

Ohio Environmental Protection Agency
Deviation Reporting Form

Sig

TY NAME: BASF Corp.			
TY ID (PREMISE NUMBER): 02-47-04-0195			
TY ADDRESS: 120 Pine Street, Elyria, OH 44035			
e or most recent modification date: 07/27/01		Includes Permit Numbers – P0111903, P0116505, P0117027	
TERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate “N/A” below in the From and To if this report does include semiannual deviation reporting)	
03/01/2015	To: 06/30/2015	From: NA	To: NA
pages in <u>report</u> , including this one: 16 pages			
list any supporting attachments			
ng deadline: 07/31/12015			

NOTE: The deviation reporting period shall be stated in the following format: Axx/xx/xx through zz/zz/zz@ where xx/xx/xx and zz/zz/zz are the beginning and end dates for the deviation reporting period respectively.

SIGNATURE FOR STATEMENT

This statement shall be signed by the responsible official as defined in OAC rule 3745-77-01(GG). Making of any false material statement, representation or certification constitutes a violation of ORC 3704.05(H), and subjects the responsible party signing this statement to civil and/or criminal penalties as provided in ORC 3704.06(C) and ORC 3704.

CERTIFICATION

Based on information and belief formed after reasonable inquiry, I hereby affirm, as stated in OAC rule 3745-77-03(D), that the statements and information as transmitted in this Title V report are true, accurate and complete to the best of my knowledge.

TitleVDeviationReport_2ndQrt2013.doc

Authorized Signature _____ Date _____

Name (Please Print) _____ Title _____

Ohio Environmental Protection Agency

Section I- Page 1

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the "From" and "To" fields if this report does include semiannual deviation reporting)	
From: 04/01/2015	To: 06/30/2015	From: NA	To: NA
Reporting deadline: 07/31/2015			

Ohio Environmental Protection Agency
Deviation Reporting

FACILITY NAME			
FACILITY ID (PREMISE NUMBER)			
FACILITY ADDRESS			
Issuance or most recent modification date			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate <input type="checkbox"/> N/ <input type="checkbox"/> A below in the <input type="checkbox"/> Fr this report does include semiannual deviation reporting)	
From:	To:	From:	To:
Reporting deadline			

SECTION I -

704.05(H), PART I General Terms and Conditions (Permit Requirement Reporting) (Table1)

Mark the following box with an >X= if no General Terms and Conditions deviations occurred

THERE WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART I OF THE TITLE V PERMIT DURING THE REPORTING PERIOD								
Add rows as necessary to the following table for reported deviations (one for each General Term as applicable; see detailed instructions for more information) (Table2)								
PERMIT RM escription	Reporting Requirement (choose one)		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTION PREVENTATIVE MEASURE
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION		
				DATE / TIME START	DATE / TIME END			

Ohio Environmental Protection Agency
Deviation Reporting

FACILITY NAME			
FACILITY ID (PREMISE NUMBER)			
FACILITY ADDRESS			
Issuance or most recent modification date			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate AN/A@ below in the AFr this report does include semiannual deviation reporting)	
From:	To:	From:	To:
Reporting deadline			

PERMIT RM escription	Reporting Requirement (choose one)		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTION PREVENTATIVE MEASURE
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION		
				DATE / TIME START	DATE / TIME END			

Ohio Environmental Protection Agency

Section II- Page 1

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 04/01/2015	To: 06/30/2015	From: NA	To: NA
Reporting deadline: 07/31/2015			

Section II - Part II Facility-wide Permit Requirement Reporting**Insignificant Emissions Unit Negative Declarations (Table1)**

List each insignificant emissions unit where no deviations of any PTI terms or applicable requirements for the listed emissions unit occurred, or add rows as necessary to the deviation reporting table (see next page) for reported deviations (one for each term as applicable; see detailed instructions for more information)

WERE NO DEVIATIONS OF ANY PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II.A
E V PERMIT:

Tray Dryers, Littleford mixer

HC-11 Tanks

Nitric Acid Dilution

ZR Sinter Furnace

Ammonia Stripper

Horne Tableting Machines

Kewanee Boiler, rated at 8.6 MMBTU/hr

Kewanee Boiler, rated at 8.6 MMBTU/hr

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Deviation Reporting

FACILITY NAME: BASF Corp.			
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From: 04/01/2015	To: 06/30/2015	From: NA	To: NA
Reporting deadline: 07/31/2015			

WERE NO DEVIATIONS OF ANY PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II.A
E V PERMIT:

Kewanee Boiler, rated at 8.6 MMBTU/hr
Kewanee Boiler, rated at 8.6 MMBTU/hr
Building 27 Spin Flash Dryer

Ohio Environmental Protection Agency
Section II- Page 3
Deviation Reporting

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From: 04/01/2015	To: 06/30/2015	From: NA	To: NA
Reporting deadline: 07/31/2015			

Facility-wide Permit Requirements Terms and Conditions (Permit Requirement Reporting) - Negative Declarations (mark with an >X= if applicable) **(Table 2)**

THERE WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART II OF THE TITLE V PERMIT DURING THE REPORTING PERIOD SPECIFIED IN THIS REPORT

Section II - Part II Facility-wide and/or IEU permit requirement (Permit Requirement Reporting) - Deviation Reporting (Table 3)

Add rows as necessary to the following table for reported deviations (one for each Term as applicable; see detailed instructions for more information)

Description is for	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION		PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUN WRIT REPOR DATE (If no reports state NO R in the spac	
	Quarterly	Semi- Annual		DEVIATION DURATION							DESCRIPTION AND MAGNITUDE OF THE DEVIATION
				DATE / TIME START	DATE / TIME END						

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Section II- Page 4
Deviation Reporting

FACILITY NAME: BASF Corp.			
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QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 04/01/2015	To: 06/30/2015	From: NA	To: NA
Reporting deadline: 07/31/2015			

Description of IEU T as for	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION		PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS in the space below)	MALFUNCTION WRITTEN REPORT DATE (If no reports state NO R in the space below)	
	Quarterly	Semi- Annual		DEVIATION DURATION							DESCRIPTION AND MAGNITUDE OF THE DEVIATION
				DATE / TIME START	DATE / TIME END						

Ohio Environmental Protection Agency

Section III- Page 1

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
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From: 04/01/15	To: 06/30/15	From: NA	To: NA
Reporting deadline: 07/31/15			

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Deviation Reporting

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From: 04/01/15	To: 06/30/15	From: NA	To: NA
Reporting deadline: 07/31/15			

Section III - Part III Emissions Unit Terms and Conditions (Permit Requirement Reporting) - Negative Declarations (Table 1)

List each emissions unit where no deviations of any terms for the listed emissions unit occurred, or add rows as necessary to the second table (see next page) for reported deviations (one for each term as applicable; see detailed instructions for more information)

WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART III OF THE TITLE V PERMIT FOR THE FOLLOWING LISTED EMISSIONS UNITS:

Emissions Unit ID	Please place an >X= below if there were no Quarterly Deviations - If an >X= is not indicated, the deviation(s) must be identified in Table2 below	If applicable, please place an >X= below if there were no Semiannual Deviations - If an >X= is not indicated, the deviation(s) must be identified in Table2 below
	X	X
	X	X
	X	X
		X
		X
	X	X

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Deviation Reporting

FACILITY NAME: BASF Corp.			
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Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 04/01/15	To: 06/30/15	From: NA	To: NA
Reporting deadline: 07/31/15			

	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 04/01/15	To: 06/30/15	From: NA	To: NA
Reporting deadline: 07/31/15			

	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
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QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 04/01/15	To: 06/30/15	From: NA	To: NA
Reporting deadline: 07/31/15			

	X	X
	X	X
	X	X
	X	X
	X	X
		X
		X
	X	X
	X	X
	X	X

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Deviation Reporting

FACILITY NAME: BASF Corp.			
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From: 04/01/15	To: 06/30/15	From: NA	To: NA
Reporting deadline: 07/31/15			

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Deviation Reporting

FACILITY NAME: BASF Corp.			
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QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 04/01/15	To: 06/30/15	From: NA	To: NA
Reporting deadline: 07/31/15			

Section III - Part III Emissions Unit Terms and Conditions (Permit Requirement Reporting) - Deviation Reporting (Table2)

Add rows as necessary to the following table for reported deviations (one for each Term as applicable; see detailed instructions for more information) - Please group deviations for each emissions unit that has deviations of multiple terms.

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <u>NO</u> REPORTS in the space below)	MALFUNCTION REPAIR DATE(S) (If no repairs were made, state <u>NO</u> REPAIRS in the space below)
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE/TIME START	DATE/TIME END						
B.II.1-The pressure drop across the first stage of the scrubber shall be continuously maintained between 0 and 1.5"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the first stage of the Trimer scrubber	4/5/15 0600	4/7/15 0900	ΔP greater than 1.5"WC across first stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed	No	No	

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Deviation Reporting

FACILITY NAME: BASF Corp.			
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FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 04/01/15	To: 06/30/15	From: NA	To: NA
Reporting deadline: 07/31/15			

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MA
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE/TIME START	DATE/TIME END						
B.II.1-The pressure drop across the first stage of the scrubber shall be continuously maintained between 0 and 1.5"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the first stage of the Trimer scrubber	4/3/15 2100	4/4/15 0400	ΔP greater than 1.5 WC across first stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed	No	No	

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 04/01/15	To: 06/30/15	From: NA	To: NA
Reporting deadline: 07/31/15			

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MA
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE/TIME START	DATE/TIME END						
B.II.1-The pressure drop across the first stage of the scrubber shall be continuously maintained between 0 and 1.5"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the first stage of the Trimer scrubber	4/5/15 0600	4/7/15 0900	ΔP greater than 1.5"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed	No	No	

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 04/01/15	To: 06/30/15	From: NA	To: NA
Reporting deadline: 07/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
1)	B.II.1-The pressure drop across the first stage of the scrubber shall be continuously maintained between 0 and 1.5"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the first stage of the Trimer scrubber	5/5/15 0000	5/5/15 1305	ΔP greater than 1.5"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed	No	No	

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Deviation Reporting

FACILITY NAME: BASF Corp.			
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Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 04/01/15	To: 06/30/15	From: NA	To: NA
Reporting deadline: 07/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
1)	B.II.1-The pressure drop across the first stage of the scrubber shall be continuously maintained between 0 and 1.5"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the first stage of the Trimer scrubber	6/23/15 0300	6/23/15 1200	ΔP greater than 1.5"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed	No	No	

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
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From: 04/01/15	To: 06/30/15	From: NA	To: NA
Reporting deadline: 07/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
1)	B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	5/30/15 1400	5/30/15 2000	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed	No	No	

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Deviation Reporting

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From: 04/01/15	To: 06/30/15	From: NA	To: NA
Reporting deadline: 07/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
1)	B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	6/5/15 0400	6/5/15 1900	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed	No	No	

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Deviation Reporting

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From: 04/01/15	To: 06/30/15	From: NA	To: NA
Reporting deadline: 07/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
1)	B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	6/21/15 1700	6/21/15 2400	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed	No	No	

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Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 04/01/15	To: 06/30/15	From: NA	To: NA
Reporting deadline: 07/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
1)	B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	6/22/15 1700	6/23/15 0300	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed	No	No	

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 04/01/15	To: 06/30/15	From: NA	To: NA
Reporting deadline: 07/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state A NO REPORTS@ in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
1)	B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	6/23/15 1800	6/24/15 0300	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed	No	No	
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	4/25/15 1530	4/25/15 2200	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 04/01/15	To: 06/30/15	From: NA	To: NA
Reporting deadline: 07/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state AND REPORTS in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
	Pressure drop across the baghouse shall be maintained between 1 to 4" WC while the unit is in operation.	X		Daily pressure readings across the baghouse	4/2/15 0200	4/4/15 0400	ΔP readings below 1 "WC	Low flow	Adjusted	No	No	No
)	C (d)3-4.1-Pressure Drops	X		Continuous Monitoring	4/9/15 1200	4/9/15 1300	ΔP readings above requirements	High alarm limit not yet set up	Alarm set up in CRT	No	No	No
)	Visible emissions from capture systems	X		Daily visual inspections	04/03/15 0900	04/03/15 0905	Visible emissions	Loose bolt	Release vacuumed up bolt tightened	No	No	No

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the From/To boxes if this report does include semiannual deviation reporting)	
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		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
5)	A.I.1-Emissions of particulate matter shall not exceed 2.28 lbs/hr.	X		Inspection	05/17/15 0245	5/17/15 0600	Emissions >2.28 lbs/hr.	Filter failure	Filter replaced	Yes	Yes 05/18/15	Ye 06

See page 3 of the instructions at [SECTION III ADDITIONAL DETAILED INSTRUCTIONS FOR COMPLETING A DEVIATION REPORTING TABLE](#) for guidance on this table.